

Foster Family Home - Corrective Action Report

Provider ID: 1-180025

Home Name: Shanelle Baxa

2115 A Gertz Lane

Honolulu

HI 96819

Review ID: 1-180025-1

Reviewer: Carrie Wakai

Begin Date: 6/3/2018

End Date: 6/07/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a new 2 client CCFFH certification survey. Home is in compliance with all requirements and will receive a 1 year 2 client certification.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

06-03-2018
Date

06/03/18
Date